

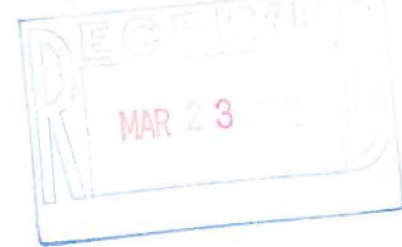
GENERATOR DATA VERIFICATION FORM

FORM ID: MO0096

6843  
11/5/94

Please review the address information in the CURRENT INFORMATION box and provide any corrections in the REVISED INFORMATION box. Then, **CHECK THE APPROPRIATE BOXES** in the GENERATION OF WASTE section; finally, please sign the certification statement in the lower portion and return the form in the enclosed envelope. If the envelope has been lost, mail the form to:

DPRA Incorporated  
Department 3733-240  
PO Box 727  
Manhattan, KS 66502



H. Ross  
1/19/94

The accompanying correspondence provides instructions.

For assistance, please contact: Harold Vandeventer  
DPRA Incorporated  
Phone: (913) 539-3565

CURRENT INFORMATION

EPA ID: MOD000818971  
NAME: MCDONNELL DOUGLAS CORP-ST LOUIS BLD270  
  
MAILING ADDRESS  
PO BOX 516  
  
ST. LOUIS MO, 63166  
  
PHYSICAL LOCATION ADDRESS  
5775 CAMPUS PKWY  
  
HAZELWOOD MO, 63042

REVISED INFORMATION

MCDONNELL AIRCRAFT CO. TRACT IV  
  
P.O. BOX 516 MAIL CODE 0343530  
DEPT. 064C  
ST. LOUIS, MO 63166

GENERATION OF WASTE

Please check the appropriate boxes below.

Q 1: Is this facility a generator of hazardous waste as defined by 40 CFR Part 261 (as amended 07/01/91)?

- ☒ Yes (go to Q 2)  
☐ No (complete certification statement and place in mail)

Q 2: In any single month during 1991, this facility generated (check as many boxes as applicable):

- ☒ 1,000 Kg (2,200 lb) or more of non-acutely hazardous waste or, 1 Kg (2.2 lb) or more of acutely hazardous waste  
☐ 100 Kg (220 lb) or more, but less than 1,000 Kg (2,200 lb) of non-acutely hazardous waste,  
☐ less than 100 Kg (220 lb) of non-acutely hazardous waste.

CERTIFICATION STATEMENT

The owner or operator of the facility, or an authorized representative, must sign and date the certification be. The printed or typed name of the person signing the certification must also be included where indicated.

**CERTIFICATION:** I certify that I am familiar with the information submitted on this form and that I believe the information to be true and accurate.

JOSEPH HAAKE  
Print/type name

Joseph Haake  
Signature

3-19-93  
Date



## RCRIS DATA CORRECTION CLOSE-OUT LOG

FORM ID:MO0096

Data Verification Form LQG, Missouri LQG

HID\_NUM: MOD000818971

MOID: 001251

\_\_\_\_\_ No change in RCRIS data.

\_\_\_\_\_ Revise Generation size category per the following documentation

\_\_\_\_\_ Data Verification Form (copy follows)

X 1991 Biennial Report Form IC, Section VI

RCRIS FIELD NAME	REVISED DATA
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HGEN	
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\_\_\_\_\_ Revise name/address contact information.

RCRIS FIELD NAME	REVISED DATA
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HHANDLER	:
HMAILSTRT1	: P.O. Box 516, MC 0343530
HMAILSTRT2	: Dept. 064C
HMAIL_CITY	: St. Louis
HMAIL_STATE	: MO
HMAIL_ZIP	: 63166
HLOCSTRT1	:
HLOCSTRT1	:
HLOC_CITY	:
HLOC_ZIP	:
HCONT_FIRST	:
HCONT_LAST	:
HCON_TITL	:
HCONT_PHONE	:

Comments:

